Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 07 \ 30 / 2007	Address: C.R. 40011. N.OF C.R. 700
Case #: 43 F 25101	INYLORSVILLE, IN.
County: BARTHOLONGEN	
There are the second second	
Type of Laboratory Scizure (check one)	Scizure Location (check all that apply)
[X] Operational Lab	Residence Hotel/Motel
☐ Chemical/Glasswarc/Equipment (only) ☐ Dumpsite (only)	☐ Outbuilding ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air	r, etc)
(check all that apply)	
Lithium/Ammonia Reaction(s) 12 Conv	ER, IN FIELD.
Red Phosphorous/Iodine Reaction(s):	
Flammable Solvents: In FECO ,	
Water Reactive Metal (Lithium):	
Anhydrous Ammonia:	
Hydrochloric Acid Gas Generator(s): 1.	
Corrosive Acid: L. FIELD	· Carly 2
Corrosive Base:	
U Other (item and location):	 .
Child under age 18 discovered (check one)	Immediate to the control of the cont
Yes (number present)	Investigative Information Ephedrine/Pseudocphedrine Tracking Log
[X] No	L J Retail/Merchant Tip
*If yes, fax report to Child Protective Services	Other:
This report is to be faxed to the following agencie	es that serve the location;
Fire Department: GERLAN TOWNSLID	Tax: 812 - 526 - 5858
Health Department: BADTHOLONELI Co.	Fax: 812 - 379-1040
Child Protection Service:	Fax: J/6
For further information regarding this methamphetar Investigating Officer: <u>LASTILLAS</u> ** This form is to be faxed to the Fire Department, Health D	Phone <u>817 - 522 1441</u>

o the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.